

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)						SERIAL NO. <b>08/984476</b>	FILING DATE						
						APPLICANT(S)							
CLAIMS													
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			•		•		•	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/		/				51			/			
2	/		/				52			/			
3	/		/				53			/			
4	/		/				54			/			
5		/	/				55			/			
6		/	/				56			/			
7		/	/				57			/			
8	/		/				58			/			
9		/	/				59			/			
10		/	/				60			/			
11	/		/				61			/			
12		/	/				62			/			
13		/	/				63			/			
14		/	/				64			/			
15		/	/				65			/			
16		/	/				66			/			
17	/		/				67			/			
18			/				68			/			
19			/				69			/			
20			/				70			/			
21			/				71			/			
22			/				72			/			
23			/				73			/			
24			/				74			/			
25			/				75			/			
26			/				76			/			
27			/				77			/			
28			/				78			/			
29			/				79			/			
30			/				80			/			
31			/				81			/			
32			/				82			/			
33			/				83			/			
34			/				84			/			
35			/				85			/			
36			/				86			/			
37			/				87			/			
38			/				88			/			
39			/				89			/			
40			/				90			/			
41			/				91			/			
42			/				92			/			
43			/				93			/			
44			/				94			/			
45			/				95			/			
46			/				96			/			
47			/				97			/			
48			/				98			/			
49			/				99			/			
50			/				100			/			
TOTAL IND.	7		34				TOTAL IND.						
TOTAL DEP.	10		43				TOTAL DEP.						
TOTAL CLAIMS	17		77				TOTAL CLAIMS						

PTO-1320 (3-78)

\*MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS

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